

## ATTENTION PERSONS SEEKING A Texas EMS CERTIFICATION THROUGH RECIPROCITY

The State of Texas requires all EMS Reciprocity applicants to submit their fingerprints through the Fingerprint Applicant Services of Texas (FAST) for Texas/FBI criminal history background check. If you are unable to go to L-1 Identity Solutions site, please contact a [DSHS EMS regional office](#) to receive a fingerprint card.

A person shall be disqualified from eligibility to acquire an EMS certification if the applicant is convicted of or placed on deferred adjudication community supervision or deferred disposition for an offense listed in Code of Criminal Procedure, Article 42.12, Sections 3g(a)(1)(A) through (H) as follows:

(1) murder; (2) capital murder; (3) indecency with a child; (4) aggravated kidnapping; (5) aggravated sexual assault; (6) aggravated robbery; (7) substance abuse offenses, as described in Health and Safety Code, Chapter 481, for which punishment is increased under:

(a) Health and Safety Code, §481.140, regarding the use of a child in the commission of an offense; or

(b) Health and Safety Code, §481.134(c), (d), (e) or (f), regarding an offense committed within a drug free zone, if it is shown that the defendant has been previously convicted of an offense for which punishment was increased under one of those subsections;

(8) sexual assault. (9) An offense, other than an offense committed on or after September 1, 2009, for which the person is subject to register as a sex offender under Code of Criminal Procedure, Chapter 62.

All other criminal offenses NOT LISTED ABOVE are subject to a department review which may lead to denial, suspension, or revocation.

[Texas Fingerprint Service Code Form](#)

### **Military Personnel Please Read Below (See Section 5):**

Current military service members, military veterans, and military spouses who received emergency medical technician (EMT) training in the military and have a current National Registry certification are eligible for a Texas EMT certification. Military service members, military veterans, and military spouses shall follow the same application process as Out of State/Reciprocity applicants because Military courses are not Texas approved/certified courses; therefore, military course work and training is considered in the same manner as out of state courses. In order to gain Texas certification you must complete the Reciprocity application, submit the completed application and required \$126 application fee, and successfully complete a FBI background check.

The required \$126 application fee is waived. If you claim military status, you are required to submit Military documentation. For Reciprocity applications, the Military documentation requirement has to be EMS specific, so an example of acceptable military documentation would be: a copy of your DD214 (listing your rank or sanction as a Medic or Field Medic) , copy of your military EMS Course Completion Certificate, or any military documentation of your rank or sanction (MOS) as a Medic or Field Medic. For Initial (you must have a Texas EMS Course Completion Certificate) or Renewal applications, ANY documentation showing you are current or retired Military personnel, or a spouse of Military, will suffice.

If during deployment, a military service member and/or military spouse allows an EMS certification to expire, DSHS rules allow a one-year grace period following demobilization for military personnel and spouses to renew certification without late fees and/or skills verification.

We extend our sincere gratitude to military veterans, current military personnel, and their families for their dedicated service to the United States of America and to the State of Texas.



Regulatory Licensing Unit  
EMS Certification & Licensing Group  
Department of State Health Services  
Cash Receipts Branch, MC 2003  
P.O. Box 149347  
Austin, Texas 78714-9347  
(512) 834-6700 FAX (512) 834-6714

**For DSHS Use Only**

ZZ100-160

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

## EMS Personnel Certification/Licensure Application OUT-OF-STATE RECIPROCITY

This application is intended for use by candidates who currently hold or have held out-of-state certification and/or National Registry certification gained outside the State of Texas.

### APPLICATION SUBMISSION:

- Application processing takes approximately 4-6 weeks.
- Applicant is not considered certified/licensed until the application is processed and approved.
- Check your application status at: <http://dshsregn.dshs.state.tx.us/ems/certquery.htm>
- You must pass the National Registry exam to gain initial certification in Texas.
- You will be required to have an FBI background check (See section 4 for instructions).

VISIT OUR WEBSITE FOR MORE INFORMATION ON TEXAS EMS CERTIFICATION: [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems)

### SECTION 1 – PERSONNEL DATA

### TYPE OR PRINT IN BLACK INK

Last Name First Name Middle Name Social Security Number\*

List other names you have used (e.g. alias, married/maiden, etc.)

Address: Street, Apt. Number or PO Box

City State Zip

Home Phone Business Phone E-mail Address

Date of Birth Driver License Number (include state)

\* Disclosure of your social security number is mandatory under Family Code, Chapter 231.302(c)(1)

Have you attained a high school diploma or GED? Yes No

Texas Education Agency accredited public or private school. Home schools must have accreditation from TEA or acceptance into a regionally accredited college. If out-of-state, state equivalent is required.

Mark the level for which you are applying EMT EMT-Intermediate  
EMT-Paramedic Licensed Paramedic\*

\*In order to achieve Licensed Paramedic (LP) status, an applicant must submit an official transcript indicating Associate Degree in EMS or a higher level degree in any other field.

Name

Social Security Number

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## SECTION 2 – APPLICATION FEE - \$126.00

**Submit application and fee to:**  
Texas Department of State Health Services  
Cash Receipts Branch, MC 2003, P.O. Box 149347  
Austin, Texas 78714-9347

- Submit money order made payable to Texas Department of State Health Services
  - Fees are NOT refundable or transferable.
  - Do not combine payments for Texas Department of State Health Services, National Registry and EMS Magazine
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## SECTION 3 – CERTIFICATION HISTORY

List ALL out-of-state EMS Certification(s)

Certification Number	State	Level	Expiration Date
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Certification Number	State	Level	Expiration Date
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Certification Number	State	Level	Expiration Date
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**You MUST Submit “Reciprocity Verification Form A” (attached), to every state you have ever held certification/licensure in. Photocopy as necessary.**

National Registry: If you hold current/active National Registry, please provide your National Registry number and expiration date. **f you do NOT hold current/active National Registry, you must take and pass the National Registry Assessment Exam. You can schedule the exam through National Registry at: [www.nremt.org](http://www.nremt.org).**

National Registry Number

Expiration Date

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## SECTION 4 – FBI Fingerprint Background Check

You will be required to undergo an FBI fingerprint criminal history check using the enclosed Texas Fingerprint Service Code Form. It includes instructions for scheduling an appointment with them. Any fees associated with this process will be your responsibility.

If you are unable to go to the IdentoGo site please contact EMS Compliance and Quality Assurance to receive a hard copy fingerprint card. Please note this will delay our agency receiving your results up to several weeks and requires a law enforcement agency to process your prints.

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## SECTION 5 – MILITARY PERSONEL

Please check one of the boxes below if it applies to you      ☐ Active Military Service Member      ☐ Military Veteran      ☐ Military Spouse

Please check this box for a request to expedite this application. Request for expediting an application will be reviewed on a case by case basis

If you claim military status, you are required to submit Military documentation. For Reciprocity applications, the Military documentation requirement has to be EMS specific, so an example of acceptable military documentation would be: a copy of your DD214 (listing your rank or sanction as a Medic or Field Medic) , copy of your military EMS Course Completion Certificate, or any military documentation of your rank or sanction (MOS) as a Medic or Field Medic. For Initial (you must have a Texas EMS Course Completion Certificate) or Renewal applications, ANY documentation showing you are current or retired Military personnel, or a spouse of Military, will suffice.

**SECTION 6– CRIMINAL/DISCIPLINARY HISTORY – Everyone MUST answer “YES or NO” to ALL questions below**

Failure to report any limitation, suspension and revocation of a license and/or any convictions(s), deferred adjudication/disposition case information may result in disciplinary action and/or denial/decertification against your Texas EMS personnel certification or licensure. DO NOT answer, “Yes” if you only have minor traffic violations, e.g. speeding tickets or minor parking violations. Driving While Intoxicated, Reckless Driving, or Obstruction of a Highway Passageway offenses are not considered minor traffic violations.

Have you ever surrendered any type of license (not driver’s license) in any state or to a state agency that had issued you a license?

Yes No

Have you ever been subject to limitation, suspension, or revocation of a license (not driver’s license), including your right to practice in a healthcare occupation?

Yes No

Have you ever been denied any type of license (not driver’s license) in any state or by a state agency?

Yes No

Have you ever received deferred adjudication for a felony or misdemeanor?

Yes No

Have you ever been convicted of a felony?

Yes No

Have you ever been convicted of a misdemeanor?

Yes No

• If you answered yes to ANY question above, provide the date of action, state and agency name, action taken and case number; you may provide an explanation on a separate sheet of paper.

Indicate offense(s) committed

Dates(s) of conviction(s) and/or deferred adjudication(s)

Court case/cause number(s)

Sentences(s)

Fine(s)

City, County and State where offense(s) committed

Please note that it can take up to 12 weeks to complete the process of a criminal history investigation and make a final determination regarding eligibility for certification/licensure.

**SECTION 7– SIGNATURE AND DATE**

I swear or affirm that all information on this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read, understood, and agree to abide to Chapter 773 of the Health and Safety Code and the applicable provisions of 25 TAC, Chapter 157.

Signature of Applicant: \_\_\_\_\_

Date

If you are granted certification/licensure you will be responsible for reporting any changes to the information you provide on this form. The Name/Address Change form is available at the following website: [www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS](http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#EMS)

**PRIVACY NOTIFICATION**

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for information on Privacy Notification. (Reference Government Code, Section 522.021, 522.023 and 559.004).



Texas Department of State Health Services  
EMS Certification & Licensing Group Cash  
Receipts Branch, MC 2003  
P.O. Box 149347  
Austin, Texas 78714-9347  
(512) 834-6734 FAX (512) 834-6714

## Reciprocity Verification Form A

State Seal

NAME OF STATE AND AGENCY COMPLETING FORM

EMS OFFICE

#OF PAGES

FAX NUMBER

Date

### Applicant'

Last Name

First Name

Middle Name

Social Security Number

Certificate/License number

CHECK HERE IF YOU RECEIVED YOUR EMS TRAINING IN THE MILITARY, AND PROVIDE DOCUMENTATION.

### State Officials ONLY: Please complete the following and return by mail or fax.

State:

Level of Certification

Issuance Date

Expiration Date

### Certification course taught in conformance with the U.S. Department of Transportation (DOT) Standards for

Emergency Medical Technician (EMT) 1994 curriculum	Yes	No	EMT-Intermediate* 1985 curriculum*	Yes	No
EMT-Intermediate 1999 curriculum	Yes	No	EMT-Paramedic (EMT-P)	Yes	No
Date of most recent training	Type of recent training				

**\*For EMT-Intermediate 1985 curriculum ONLY:** If the applicant has EMT-Intermediate (EMT-I) certification please check which skills were included in the applicant's certification course (please note, Texas recognizes EMT-I certification only if ALL skill boxes are checked)

MAST      Endotracheal Intubation      EOA, EGTA, TLS OR ETC\*\*      IV      Other

**\*\*We will accept any of these alternative airway devices:** esophageal obturator airway, esophageal gastric tube airway, pharyngotracheal lumen airway, combination esophageal-tracheal tube (Combitube).

To the best of your knowledge, has the applicant ever been convicted of a felony or misdemeanor?      Yes      No

Has your state/entity ever taken disciplinary action against this individual's EMS personnel certification?      Yes      No

Does your state run Criminal History checks?      Yes      No

If so, has this person ever answered yes or disclosed a Criminal History?      Yes      No

**(If Yes to any question, please provide supplemental information on a separate sheet)**

Has your state/entity ever granted reciprocity to this applicant before?      Yes      No

If so, from      National Registry      State      When

Do you recommend granting reciprocity to this applicant?      Yes      No      If No, explain on separate sheet.

### STATE EMS CERTIFICATION PERSONNEL COMPLETING THIS FORM

Name:      Date

Title

Telephone Number

State Agency

# \*ATTENTION\*

EMS personnel must submit an application for EMS Certification/licensure, Criminal History Pre-Screen Petition, or an Administrator of Record (AOR) form **before completing the fingerprint process**. Completing fingerprints without submitting an application and/or AOR form to DSHS will cause a delay in processing your application.



DEPT OF STATE HEALTH SVCS (EMT/EMS)

## Texas Fingerprint Service Code Form

### DEPARTMENT OF STATE HEALTH SVCS (DSHS) (EMT/EMS)

To schedule your ten-minute fingerprint appointment, simply visit  
**<https://uenroll.identogo.com>** and enter the following Service Code

11BSBH

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

#### Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080